

Offline IMPACT ERM® data entry system users: **MUST** refer to the Appendix for additional instructions



Loss Prevention Observation

*Indicates information required in IMPACT ERM®

LPO Type: LPO-MF-SWP-JSA/JJSV

(Note: In IMPACT ERM®, SBU and Observee's Department are combined with other information for the single data entry point of Responsible Organization)

SBU: Manufacturing

Observer Name (Name & CAI)* : _____

Observee Type* : ☐ Contractor ☐ Employee **Observee's Department*** : _____

Observee Company Name* : _____

Observee's Supervisor/Lead (Name & CAI)* : _____

Observation Date & Time* : _____ **Date & Time of Feedback*** : _____

Feedback Conducted By (Name & CAI)* : _____

Task Observed : _____

Background Information and Miscellaneous Comments*

Observer's Positive Comments*

Observation

Activity Item#	Activity Description	Correct	Questionable	Comments (What I Observed) <i>Observer explains what was observed questionable*</i>
PERSONAL PROTECTIVE EQUIPMENT				
10	Head (hard hat)			
15	Eyes/face (safety glasses, goggles, face shield, welding hood)			
20	Correct personal gas detection monitor for task			
25	Footwear (safety boots and in good order)			
30	Proper clothing as required (i.e. coveralls, acid suit, anti-static suit etc.)			
35	Hands (gloves and correct type)			
40	Hearing protection			
45	Respiratory protection if required			
50	Fall Protection if required			
55	Personal floatation device and/or other marine equipment if required			
PRE-TASK PREPARATION				
65	Job Planning, Pre-job Inspection/Briefing to review permit controls, JLA, procedures, Refinery Instructions, emergency procedures, Evac. plan, MSDS, weather checks, etc. for task involved			
70	LPSA was conducted to identify and eliminate risks			
75	Walking / working surfaces free of debris, spills, and tripping hazards			
80	Communicates intentions to other personnel in work area and Control Room as required			
JSA/JJSV				
90	AUTHORIZATION – All permits are signed and issued by a shift supervisor or supervisor's designee			
95	JOB DESCRIPTION –detailed job description available to ensure all hazards can be indentified			
100	CONDUCTING JSA/JJSV – (Job Safety Analysis/Joint Job Site Visit) conducted at the jobsite with the area operator and all personnel performing the work			
105	PRECAUTIONS – Special precautions and additional PPE are correctly specified for identified hazards			
110	MITIGATING ACTIONS – Actions taken to mitigate any identified hazards are recorded on the JSA/JJSV			
115	RELEASE OF WORK – The JSA/JJSV signed by the area operator and released as "Work may safely begin"			
120	ACCEPTANCE OF WORK CONDITIONS – permits are read, understood, and signed by			

	personnel performing the work			
125	EXECUTION - Work is being carried out as described on permit			
130	COMPLETION – The permit has been signed off by operations as work complete for this shift or work complete			
	Misc			
140	Other aspects of the work evaluated			
145	Other needed permitting is in place to perform work			

Root Cause

Describe in Detail Why the Questionable Item Occurred

Activity Item #*	Root Cause Description Detail* (If more than one Root Cause per Questionable Item, number the RCs in sequential order)

Root Cause Factors

A.) Lack of skill or knowledge.	E.) Lack of or inadequate procedures.
B.) In past, did not follow procedures or acceptable practices and no incident occurred (injury, product quality incident, equipment damage, regulatory assessment or production delay	F.) Inadequate communication of expectations regarding procedures or standards.

Although the Completion Date is required to close this form, it is an optional data point at the time of initial entry into IMPACT ERM®.

Activity Item #*	Factor (A-H)*	Person Responsible* (Name & CAI)	Solution(s) *	Date Assigned*	Due Date*	Action Taken*	Date Completed

Loss Prevention Observation (LPO)

Appendix: Information Required for Offline IMPACT ERM® Data Entry Process

Complete this appendix **only** if submitting LPO to Data Hub for entry into IMPACT ERM®

Contact Information for English Form Submittal Only (do not change/alter this form)		
Workforce: Submit your completed form to only one Data Hub in your area.		
Data Hub		Email
AFRICA MIDDLE EAST	Cape Town	IPSCapeTown@Chevron.Com
	Karachi	IPSKarachi@Chevron.Com
ASIA PACIFIC	Bangkok	IPSBangkok@Chevron.Com
	Kuala Lumpur	IPSKualaLumpur@Chevron.Com
	Manila	IPSManila@Chevron.Com
	Shantou	IPSShantou@Chevron.Com
EUROPE	London	IPSLondon@Chevron.Com
LATIN AMERICA	Rio de Janeiro	IPSRioDeJaneiro@Chevron.Com
	San Salvador	IPSSanSalvador@Chevron.Com
NORTH AMERICA	San Ramon	IPSEnglish@Chevron.Com

Important:

- 1) To be sure you are using the required form, only download this form as needed daily from the SharePoint site Link: <http://collab001-hou.sp.chevron.net/sites/dsOE/LPSCoP/default.aspx>
- 2) Fields with asterisk (*) are required for your form to be entered. If required data is not provided, the form will be returned to you for completion and resubmit.
- 3) For assistance completing or validating if your work area uses this LPO, contact your supervisor (or LPS Advocate).
- 4) Submit completed Word Document by email attachment

Contact Information for person submitting data: _____

(Name & CAI & email)

IMPACT ERM® LPO ID#* _____

(If submittal is follow up to previously submitted LPO, Solution or Action Taken, the ID # for the solution and action must also be provided)

Responsible Organization*

(This information is required for hierarchy search)

Department: _____

(Lowest Work group level)

Dept. Site : _____

(City and Country where the Department is located)

Business Unit: _____

(Next Level above the department)

Responsibilities

Reviewer(s) (Name & CAI):

Solutions/Action Items

Note: Enter Solution ID #s individually. Date Completed, V&V Date, and Supervisor V&V comments required for all Solutions in order to Close LPO, but the LPO can be saved without this information (on the expectation that it will be added later).

Supervisor/Lead Responsible – Name & CAI – CAI is required if not provided above with Supervisors name. If different person than Observee’s Supervisor/Lead Responsible, provide Name and CAI:

Solution ID *	Action Taken* (If different from what was previously stated)	Date Completed*	Supervisor V & V Date*	Supervisor/Lead Responsible V & V Comments*	Supervisor/Lead Responsible (Name & CAI) *

LPO Review

Note: LPO Review is optional. Complete only if applicable.

LPO ID (if not listed above): _____

LPO Reviewer (Name & CAI): _____

Approved? (yes/no): _____

Recycle comments/instructions (only complete if LPO is not approved):